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CONFIRMATION NO. 3709

<b>SERIAL NUMBER</b> 10/069,595	<b>FILING OR 371(c) DATE</b> 06/04/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 1506-1002
<b>APPLICANTS</b> Peter Ahnblad, Stockholm, SWEDEN; Susanne Lagerqvist, Bromma, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE01/01055 05/14/2001				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0002761-5 07/25/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8
Verified and Acknowledged		Examiner's Signature	Initials	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 466				
<b>TITLE</b> NASAL RINSER AND OUTLET PORTION THEREFOR				
<b>FILING FEE RECEIVED</b> 885	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	